WSPA
WASHINGTON STATE PHARMACY ASSOCIATION

Registration Form

WSPA Hospital Pharmacy Leadership Roundtable

Friday, May 8, 2026 | 9:00 AM - 3:00 PM

MultiCare University

1317 East Main Avenue, Puyallup, WA 98372

This roundtable is designed to enable hospital pharmacy leadership the opportunity to share best practices and discuss current topics relevant to pharmacy practice and management in health systems.

CONTACT INFORMATION

Hospital Pharmacy Name: _____

Address: _____

City | State | Zip: _____

Phone: _____ E-mail Address: _____

CORPORATE MEMBER? _____ Yes - $0 _____No - $115
Each corporate member gets a complimentary registration for 1 person.

Primary Representative of Health System:

Name_____ Email_____

ADDITIONAL ATTENDEES:

Name_____

Email_____

Resident? ☐ Yes ☐ No

☐ WSPA CORPORATE MEMBER GUEST $25
☐ NON-MEMBER GUEST $ 60

Name_____

Email_____

Resident? ☐ Yes ☐ No

☐ WSPA CORPORATE MEMBER GUEST $25
☐ NON-MEMBER GUEST $60

Name_____

Email_____

Resident? ☐ Yes ☐ No

☐ WSPA CORPORATE MEMBER GUEST $25
☐ NON-MEMBER GUEST $60

Name_____

Email_____

Resident? ☐ Yes ☐ No

☐ WSPA CORPORATE MEMBER GUEST $25
☐ NON-MEMBER GUEST $60

Total: $_____

PAYMENT INFORMATION ☐ Discover ☐ Visa ☐ Mastercard ☐ Amer Express ☐ Check (payable to WSPA)

Card Number: _____ Expires: _____ 3 digit security code: _____

Name on Card: _____ Signature: _____

Billing Address: _____ Billing City | State | Zip: _____

Please fax or mail completed form with your payment information or enclosed check, payable to WSPA.
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